



Southwest Infant/Toddler Regional Service Model (RSM)

SECTION 1: Brief summary description of the I/T Child Care Consultation Regional Service Model

Please give a brief (< 150 words) description of your overall service model, including the following elements in your description:

- Your regional funding focus
- Your consultant pool
- The duration and quantity of consultation services and any key details about the content of planned consultation services (e.g., a specific approach or curriculum).

There will be opportunities to describe more details in later sections.

Our service model includes licensed family child care and /or Center staff serving infants and/or toddlers in Southwest Washington.

The model is designed to provide support to child care providers through monthly consultation services tied to professional with focus that connects environment, social emotional development, importance of attachment and early identification and referral for developmental concerns.

Participants will become familiar with ASQ-SE and the DECA-IT, have the opportunity to participate in videotaped self-reflection with their consultant and engage in conversations around adult-child interactions and receive strategies and techniques to enhance these skills. Healthy attachment for infants and toddlers with the important people in their lives is essential to their development and will be emphasized throughout this project.

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SECTION 2: Service Delivery Strategy

PART A: Provider Funding Focus Strategies

Please briefly describe the providers that will be your focus.

Our program will serve approximately 20 child care providers from both licensed family child care and staff working in child care centers. Providers can be participating in Early Achievers; however it is not a requirement. Providers in our entire service area will be encouraged to apply and we will determine participation with a priority based on the following criteria: located in rural/isolated community; serving elementary schools that have a high free and reduced lunch rate; serving children with special needs; accepting state subsidies; providing care in high unemployment rate areas. Priority will be given to programs serving a higher percentage of infants / toddlers.

- 1. Funding Focus Component #1:** Please describe why you believe this focus will reach providers that serve a high percentage of vulnerable children (based on DEL's definition outlined in the accompanying Overview document)?¹

Rural communities often serve families with higher needs and less access to resources. 2013 data from Employment Security Department indicates all of the counties in Southwest Washington are above the statewide average for unemployment and Pacific, Lewis, Cowlitz and Skamania are all over 9.5%. In addition five of the seven counties in the Southwest Washington region are above the state average for individuals below poverty level (*American Fact Finder*). Our selection process will also look at the areas with a high percentage of free and reduced lunch.

- 2. Funding Focus Component #2:** Please describe how your service delivery model will allow you to achieve your expected outputs for the year within your funding focus. What strategies will help you deliver efficient and high quality consultation to providers that serve vulnerable children?

Our service delivery model will allow us to achieve our expected outputs based on the knowledge we carry from last year. Based on the funding available we are now able to focus on what strategies were effective and useful in the past and implement that moving forward with a 10 month model. Participants will participate in specific professional development related to the work the consultants will be individualizing onsite at monthly visits. Consultants will meet regularly to connect the work and ensure that provider have the tools and resources needed. While one consultant will focus on the ASQ – SE and goals the provider identifies related to providing care for infants and toddlers, the mental health consultant will focus efforts on work with providers around DECA and using the information from DECA to inform their work.

¹ Please reference the DEL Funding Focus for Regional I-T Consultation Efforts Memo, specifically page 4, for a description your regional funding focus.

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PART B: Recruitment

Please describe how your regions will recruit new family child care providers and child care centers and teachers into your consultation program.	
i. Who will primarily be involved in outreach and recruitment efforts (e.g. leads, steering committee members, community agencies)?	Program Coordinator, Lead Consultant, Steering Committee, Child Care Aware TA and Coach Staff, other providers will all be encouraged to share the participant application.
ii. What is your primary strategy and anticipated activities to conduct outreach and recruitment?	Outreach through Child Care Aware of Southwest Washington Child Care provider newsletter, Email notice to all licensed programs, posted on Child Care Aware website, through the local Child Care Nutrition program.
iii. What did you find particularly successful or an area you could improve upon from your recruitment in SFY 2012 and SFY 2013?	Providing the specific benefits to participation will be very important. We will provide details this year and show the link to other statewide initiatives i.e. Early Achievers and how the work compliments participation or provides a nice starting point if they are not already participating.

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PARTS C: Relationship Building and Goal Setting

	Description	Anticipated Outputs
i. Please describe your strategy for building successful relationships with center directors and teachers prior to the start of consultation.	Relationships will be built around conversations with participants about their interest in the project and what they hope to gain from participation. Opportunities to come together as a group for Orientation will lay the foundation, define roles and introduce key individuals. Consultation will be individualized which will also build successful relationships with participants, consultants and specialist.	<p>How many hours do you estimate your consultants and leads will dedicate towards provider assessment and goal setting activities:</p> <p>Average per teacher receiving consultation: <u>3 hours for ITERS</u>, <u>up to 6 hours related to DECA</u>, <u>monthly (9hours) starting in September around ASQ and goal setting</u></p> <p>Total for SFY 2014: <u>320-390 (estimated)</u></p> <p>Total for SFY 2015: <u>320-390 (estimated)</u></p>
ii. What process is in place to establish consultation goals with the consultation recipients (please include name of assessment to establish goals)? List your expected hourly outputs on this task in the right hand column.	<p>Use of ASQ-SE, DECA, ITERS and attachment strategies and benefits will all be utilized to establish goals with participants.</p> <p>Knowledge of healthy attachment is basic to work with infants and toddlers because it is essential to their development. As a complement to using ASQs and DECA professional development and consultation specifically on attachment will further teachers' knowledge base about the close, special relationships young children develop with the important people in their lives. In addition, this will encourage ways to support the parents of infants and toddlers served by teachers participating in this project.</p>	
iii. How will your region track consultation goals and progress towards those goals?	Consultation goals and progress or changes to those goals will be tracked through monthly reporting and meetings with consultants.	

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PART D: Service Delivery Strategy and Anticipated Outputs

Strategies and Related Activities Please describe the service delivery strategies and related activities that will occur in your region. (e.g., initial meetings, classroom based consultation, provider assessments, classroom observations, modeling, culturally and linguistically relevant practices, parent meetings, proposed provider training, etc.) Please be sure that the description explains how your planned activities are related to your funding focus. <i>[See the DEL IT Consultation Hours Policy (Section 1, Part D) outlined in the accompanying "RSM Overview – Phase 2" document and its footnote.]</i>	Estimated Outputs (e.g., provide a basic range for consultation hours, teachers/directors served and infant and toddlers reached)
<p>Strategy #1: All participating programs will receive onsite consultation with the Education consultant monthly starting in September with a focus on increasing the quality of care provided to infants and toddlers. Consultation will be individualized based on goals set by the provider in cooperation with the consultant.</p> <p>Strategy #2: All participants will receive onsite consultation with the Social Emotional Development/Behavioral health (Certificate in Infant Toddler Mental Health) and will focus on implementing and utilizing information from DECA assessments. (6 hours for each participant) to begin after participants have received DECA training.</p> <p>Strategy #3: 10 hours of group professional development to cover the following topics:</p> <ul style="list-style-type: none"> • Introduction to DECA and ASQ Screenings • Basics of Attachment and Putting Knowledge into Practice • Enhancing Infant and Toddler Environments <p>Strategy #4: follow up with Infant Toddler Mental Health Specialist after the professional development on Attachment will focus on individual participants goals around strengthening attachment efforts in their infant and toddler environments.</p> <p>Strategy #5: 3 hour observation related to ITERS (Infant Toddler Environment Rating Scale) with a follow up report to occur after Enhancing Infant and Toddler Environment professional development.</p>	Overall Consultation Hours in SFY 2014: 320-390
	Consultation Hours Per Teacher in SFY 2014: 19.5 hours per teacher
	Consultation Hours Per Director in SFY 2014: Approximate: 5 hours
	Anticipated # of Infant and Toddlers Reached in SFY 2014: 270
	Overall Consultation Hours in SFY 2015: 320-390
	Consultation Hours Per Teacher in SFY 2015: 19.5 hours per teacher.
	Consultation Hours Per Director in SFY 2015: 5 Anticipated # of Infant and Toddlers Reached in SFY 2015: We anticipate serving approximately the same number of infants and toddlers, however it depends on the applicants and their enrollment in 2015.

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How has your service delivery strategy evolved from SFY 2012 and SFY 2013? What informed those changes (feel free to look back at your previous RSMs)?

Our service delivery strategy has evolved from SFY 2012 and SFY 2013 as we are focused on less frequency of professional development and have targeted utilizing three specific professional development opportunities that tie directly to the tools being utilized to impact sustainable change. Providing tools like the ASQ kit and materials to support the use of the kit and the professional development will better equip programs to sustain the work even when they have completed their participation in this project.

SECTION 3: Consultant Pool, Coordination and Data Collection

PART A: Consultant Pool

Please describe the background and process for building your interdisciplinary consultant pool.

Consultant Pool	DESCRIPTION Please answer the questions from the first column.
i. Please describe your outreach and process for recruiting consultants?	Our program facilitated outreach for consultants, specialist and trainers through the Steering Committee members and posted on our website for 10 days. Applications were shared and accepted through June 19 th , 2013.
ii. Are the consultants you recruit meeting the qualifications outlined in the I/T Interdisciplinary Child Care Guidelines? To what degree?	<p>The consultants recruited do meet the qualifications outlined in the I/T Guidelines:</p> <ul style="list-style-type: none"> • Education / Caregiving/ Teaching Field Consultant has a BA in Sociology /Psychology with an addition of 35 ECE credits, over the 2-5 years applied experience as child care professional in an Infant-Toddler care setting as well as intimate knowledge of the Washington State Early Learning and Development Guidelines, Core Competencies, Professional Development, QRIS standards, CLASS, DECA and the other areas outlined in the skills and knowledge of Table 2. • Social Emotional Development/Behavioral Health Field has a Post Graduate Certificate in Infant/Toddler Mental Health, an Applied Science degree in Early Childhood Education, a Bachelor of Arts in Social Science and has been working in the field of children and families for 22 years and 9 years in child care as an Early Childhood Specialist and also the skills and knowledge outlined in table 3 of the guidelines. • I/T content Specialist / Mental Health is a psychologist that specializes in infants and toddlers with a Ph.D. in Educational Psychology with Dissertation in Training school professionals to address abuse and family

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	violence. Licensed Psychologist and completed Clinical Internship at Morrison Child and Family Services. In addition has a history of providing professional development including Attachment.
iii. What other qualifications do you expect you will need from your consultant to successfully deliver consultation?	Other qualifications we included in our recruitment was knowledge of typical and atypical early childhood development specific for infants and toddlers, knowledge of early intervention systems, experience in child care settings, experience observing, screening, assessing children in classroom, home or other natural settings, experience developing action plans, experience providing training /education to adults and crisis intervention skills.
iv. What type of specialists will you use (e.g. mental health)? How will they be used?	Our project will utilize a Mental Health Specialist that will be used for professional development on attachment. We will also utilize our consultant with their Post Graduate Certificate in Infant/Toddler Mental Health for individual follow up with each participant after the attachment training to help individualize the information for each participant.
Please list name, phone/e-mail and type (education/health/social emotional) of consultants you <i>already</i> know will be in your pool. (e.g. John Smith, Health)	1. Susanne Perry, Early Childhood Education, 360-750-7500 x 148, Susanne.perry@esd112.org 2. Margaret Grant, Infant Toddler Mental Health/ Family Engagement, 360-600-7923, margaretg@chs-wa.org 3. Tanya Prather, Ph.D., Psychologist, 971-212-5927, tanya1prather@yahoo.com

PART B: Coordination and Data Collection – Staff and Partners

Please articulate how you will coordinate your resources, e.g. consultant pool, point of entry with your service delivery strategies. (This section relates to Core Strategy #2 in the Infant and Toddler Child Care Consultation Logic Model and to Table 7 in the Infant-Toddler Child Care Consultation Guidelines.) Who will be responsible for this, and how will they coordinate the process? Please add rows and columns for additional activities that your region intends to implement.

Category of Coordination	Activities: How will you coordinate this?	Responsibility: Agency and staff person responsible
Engaging Providers - communication, coordination and cross-referral (e.g., linking providers to consultants)	The primary consultant will link providers with consultants and facilitate two of the three professional development activities.	ESD 112/ Susanne Perry
Provider recruitment, intake, and assessment (e.g., applying ITERS, QRIS)	Disseminate information about the project throughout our service delivery area. Applications for participation will be gathered to identify the number of infants and toddlers being cared for and a vulnerable population programs are serving to determine participation. Assessments to be used are ASQ-SE and DECA.	ESD 112 / Katrina Alderman (application process) ASQ- ESD 112/ Susanne Perry DECA – Children’s Home Society/ Margaret Grant

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Training, supervision and support for consultants	Training will be conducted and /or supervised by a STARS approved trainer. Support for consultants will be provided as needed.	STARS / Susanne Perry & Tanya Prather Support: Identified through regular meetings and connection with consultants. Resources provided based on determined need.
Data collection and reporting	Consultants and Specialist will report monthly on any activities and progress toward goals Monthly reporting from consultants will be gathered	Susanne Perry ESD 112, Margaret Grant Children's Home Society and Tanya Prather ESD 112 / Katrina Alderman
Other planned coordination activities (add table rows as necessary)		

PART C: Curricula and Training

Please list any curricula and training you will support the delivery of high quality consultation services.

PART C: Resources	Description
i. What training, curricula and content experts will be available to support high quality interdisciplinary consultation?	Both consultants will actively participate in the training and have significant background with ASQ, DECA, attachment and working with families.
ii. What common approaches/methods will your consultant pool utilize related to any training, curricula or other support your region provides?	Including consultants in the training with participants ensures the method and information provides a common approach related to the tools and resources being provided in this project.

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SECTION 4: System Building

PART A: System Building Efforts Description

Please describe your systems building efforts and collaborative regional work to support the unique and diverse needs of infants and toddlers, their families, and the systems and services that support them.

PART A: Please give a brief (< 100 words) description of your system building efforts for infants and toddlers in your region.

Our Infant Toddler Consultation Project Steering Committee has become a sub-committee of our Regional Early Learning Coalition, SWEL. Our Steering Committee decided at the end of last year's project that we would hold our Quarterly meetings on the same day as the SWEL meetings to support participation from those traveling from other parts of our service delivery area and to ensure the work is connected.

Our sub-committee has multiple members from SWEL and we report regularly to the leads of SWEL to ensure they have the most current information about the activities around the Infant Toddler Child Care Consultation Project and how it ties to other work happening in our Region, i.e. Early Achievers.

PART B: Steering Committee Roster and Roles

Please describe your Steering Committee membership and how they reflect your region's rich geographical, racial, and cultural diversity. List the names, contact information and any role, coordination responsibility and/or representation the individual will have on the committee. Add rows as necessary.

PART B: Steering Committee Member Name	Contact Information	Role, Structure and Representation (coordinating role, responsibility)
Jodi Wall	360-750-7500 x 156	CCA Director of Child Care and Family Services, Lead Agency
Margaret Grant	360-600-7923	Children's Home Society, Mental Health Consultant
Carol Hall	360-750-7500 x 275	Family Resource and ESIT Coordinator, Representing early childhood screening and support services.
Darcy Taylor	360-993-7938	DEL Licensing Supervisor, Licensing and Early Childhood Field
Debbie Ham / Janalee Ensley	360-213-3486	SELF Executive Director and connection with Regional Coalition
Kristi Baker	360-750-7501	SWCCC Child Care Centers – Clark County Center representation
Laurie Cornelius	360-992-2398	Clark College Director of Children and Family Studies – Clark County

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Rosanne McPhail	360-642-8586	Ocean Beach School District / ESIT Pacific County
Sandy Junker	360-442-2801	Lower Columbia College- Director HS/ ECEAP services – Cowlitz County
Susanne Perry	360-750-7500 x 148	ESD 112 Provider Network Specialist, Education Consultant
Katrina Alderman	360-750-7500 x 331	CCA of Southwest Washington

PART C: Additional Partnerships

Additional Partnerships you will access for I/T consultation and/or systems building efforts (e.g., Early Learning Regional Coalition). *Add additional rows if necessary.*

PART C: Name of Partnership	Contribution to Work
SWEL	Connect local I/T work with the Regional efforts and participate in I/T Steering Committee to inform both SWEL and I/T
Children's Home Society of Washington	Partnership with consultation activities and on Steering Committee
Sanctuary Psychology	Professional Development and follow up consultation

PART D: Additional Funds

Please list any additional funding sources (funder, in-kind, any additional funding sources you will access for systems building and/or I/T consultation). *Add additional rows if necessary.*

PART D: Funding Source	Amount	Details (activity that it funds, assumptions, etc.)